

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

RYAN REISS and
SHAWN REISS,
Plaintiffs,

vs.

LIFE INSURANCE COMPANY OF
NORTH AMERICA, a CIGNA Company,
QUEST DIAGNOSTICS, INC. and
EMMITT TINER,
Defendants.

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Case No. 3:18-cv-183

STATUS REPORT

COME NOW the Plaintiffs, Ryan Reiss and Shawn Reiss, by and through their attorney, James Richard Myers of Law Group of Illinois Ltd., and for this, their Status Report to the Court, state as follows:

1. By Order entered August 1, 2018, this Court stayed these proceedings until the final death certificate indicating the manner of death of the decedent, Brenda Sue Reiss, is issued.
2. Attached hereto is a copy of a death certificate issued by the State of Illinois indicating the manner of death of the decedent, Brenda Sue Reiss.

Respectfully Submitted,

RYAN REISS and
SHAWN REISS

/s/ James Richard Myers
James Richard Myers

James Richard Myers
IL ARDC #06225705
Attorney for the Ryan Reiss and Shawn Reiss
Law Group of Illinois Ltd.
303 S. Seventh St., P.O. Box 399
Vandalia, IL 62471
Telephone: (618) 283-3034
Fax: (618) 283-3037
Email: myers@lawgrouppltd.com
File #15966.86001

**STATE OF ILLINOIS-DIVISION OF VITAL RECORDS
SPRINGFIELD, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2017 0020402

MEDICAL EXAMINER'S CASE NUMBER EC030618P

DATE ISSUED 3/15/2019

DECEDENT'S LEGAL NAME BRENDA SUE REISS			SEX FEMALE	DATE OF DEATH MARCH 06, 2017								
COUNTY OF DEATH EFFINGHAM		AGE AT LAST BIRTHDAY 52 YEARS		DATE OF BIRTH [REDACTED]								
CITY OR TOWN DIETERICH			HOSPITAL OR OTHER INSTITUTION NAME 10869 NORTH 2000TH STREET									
PLACE OF DEATH DECEDENT'S HOME												
BIRTHPLACE EFFINGHAM, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO							
RESIDENCE 10869 NORTH 2000TH STREET		APT. NO.	CITY OR TOWN DIETERICH		INSIDE CITY LIMITS? NO							
COUNTY EFFINGHAM	STATE IL	ZIP CODE 62424	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION [REDACTED]		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION [REDACTED]							
INFORMANT'S NAME RYAN P REISS		RELATIONSHIP SON		MAILING ADDRESS 904 ARENZ STREET, BEARDSTOWN, IL, 62618								
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT ALOYSIUS CEMETERY		LOCATION - CITY OR TOWN AND STATE DIETERICH, IL	DATE OF DISPOSITION MARCH 11, 2017							
FUNERAL HOME BAUER FUNERAL HOME, 1212 W EVERGREEN AVE, EFFINGHAM, IL, 62401												
FUNERAL DIRECTOR'S NAME MALLORY JANE LOKER				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER [REDACTED]								
LOCAL REGISTRAR'S NAME KERRY J HIRTZEL				DATE FILED WITH LOCAL REGISTRAR MARCH 7, 2018								
<table border="0"> <tr> <td rowspan="4"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td>PART I. DROWNING</td> <td rowspan="4"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td rowspan="4"> UNKNOWN </td> </tr> <tr> <td>a. _____ Due to (or as a consequence of):</td> </tr> <tr> <td>b. _____ Due to (or as a consequence of):</td> </tr> <tr> <td>c. _____ Due to (or as a consequence of):</td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I. DROWNING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN	a. _____ Due to (or as a consequence of):	b. _____ Due to (or as a consequence of):	c. _____ Due to (or as a consequence of):
CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I. DROWNING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN									
	a. _____ Due to (or as a consequence of):											
	b. _____ Due to (or as a consequence of):											
	c. _____ Due to (or as a consequence of):											
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				WAS AN AUTOPSY PERFORMED? YES WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES								
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				MANNER OF DEATH ACCIDENT								
DATE OF INJURY MARCH 6, 2017	TIME OF INJURY 10:30 AM	PLACE OF INJURY HOME		INJURY AT WORK? NO								
LOCATION OF INJURY 10869 NORTH 2000TH STREET, DIETERICH, IL, 62424				IF TRANSPORTATION INJURY, SPECIFY:								
DESCRIBE HOW INJURY OCCURRED: DROWN IN BATHTUB												
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MARCH 06, 2017	TIME OF DEATH 10:30 AM								
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED MARCH 07, 2018								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DAVID MAHON, 101 N FOURTH STREET STE 401, PO BOX 1244, EFFINGHAM, IL, 62401				PHYSICIAN'S LICENSE NUMBER								

039761

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Ngozi O. Ezike, MD
State Registrar



CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing **Status Report** was served upon the parties of record electronically through the CM/ECF system on May 8, 2019, including:

James M. Brodzik
Don R. Sampen
Brian J. Riordan
Daniel K. Ryan
P.K. Johnson V

Under penalties of perjury as provided by law, the undersigned certifies that the statements set forth in this Certificate of Service are true and correct.

/s/ James Richard Myers
James Richard Myers

James Richard Myers
IL ARDC #06225705
Attorney for the Ryan Reiss and Shawn Reiss
Law Group of Illinois Ltd.
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